

**2009 Version - Mobilization Plan**

<b>Form Name:</b>	<b>Used For/By:</b>
Mobilization Request*	Fire Chief to Request Mobilization
Incident Complexity Analysis Form – Type 3 Incident*	Fire Chief when Requesting Mobilization
Incident Complexity Analysis Form – Type 1 And 2 Incidents*	Fire Chief or IMT when Requesting Mobilization or Changing to a Type 1 or Type 2 IMT
Incident Complexity Analysis Form – Type 3 Incidents*	Fire Chief or IMT when Requesting Mobilization
Delegation Of Authority (Fire)	Fire Chief when Requesting Mobilization for a Fire
Delegation Of Authority (All-Risk)	Fire Chief when Requesting Mobilization for All-Risk Incident
Mobilization Manifest	Anyone Responding to a Mobilization
Agency Reimbursement Invoice*	Agencies Seeking Reimbursement for Personnel
Individual Time Record Invoice*	Agencies – Attaches to Agency Reimbursement
Expense/Claim Invoice*	Anyone Submitting a Claim for Expenses
Injury/Exposure Report	Anyone that is Injured or Exposed to a Hazard
Vehicle Mileage Invoice Form*	Anyone Claiming Mileage or Daily Rate Reimbursement
Loss/Damaged Equipment*	Used to Record Loss or Damage to Equipment
Fire Department Resource Inventory Page 1 Resource Inventory	All Fire Jurisdictions – Use to Complete Annual

**Appendix M  
Forms**

**2009 Version - Mobilization Plan**

<b>Form Name:</b>	<b>Used For/By:</b>
Fire Department Resource Inventory Page 2 Resource Inventory	All Fire Jurisdictions – Use to Complete Annual
Type 3 IMT Roster*	Incident Management Team – Turn Into Regional Coordinator by May 31 of Each Year
Type 3 IMT Roster – Mission Acceptance*	Incident Management Team – When Accepting a Mobilization Mission
WSP Waiver*	Anyone Being Reimbursed by the State Patrol
Model Agreement – For Temporary Employees	Local IAFF and Agency
Sample Resolution For Compensation	Agencies Using FLSA Exempt Personnel
Region Resource Availability	Regional Coordinator for Conference Calls

**Mobilization Request  
Form**

**2009 Version - Mobilization Plan** (Updated  
June 2012)

**WSP/EMD Use Only**

Date/Time Received:

Date/Time Approved:

Mobilization #: WA-WFS-

**Mobilization Authorization**

Date of Request:		Time:	
Requesting Agency:		Phone:	
Fire Chief or Designee:		Phone:	
On Scene I/C:		Phone:	
Regional Coordinator:		Phone:	

Has the Regional Coordinator been contacted? ☐ Yes ☐ No Who: \_\_\_\_\_

Has an Incident Complexity Analysis been completed? ☐ Yes ☐ No If yes, Incident Type: ☐ 1 ☐ 2 ☐ 3

**Incident Location**

Type of Incident:			Incident Name:		
Size (acres, blocks miles):			Is it growing in size or contained:		
Weather: Temperature:		Wind Speed (MPH):		Wind Direction:	
County:			Nearest Town/City:		
Location of Incident: (Describe location relative to roads/landmarks)					
Fuels Involved:	Fuel Types if Known ▼				

Is the Incident in your fire jurisdiction? ☐ Yes ☐ No Is your jurisdiction imminently threatened? ☐ Yes ☐ No

Have local resource been exhausted? ☐ Yes ☐ No Has mutual aid been expended? ☐ Yes ☐ No

Does the event jeopardize the ability of the local jurisdiction to protect lives and property? ☐ Yes ☐ No

What is at risk? (number of lives/homes/crops) \_\_\_\_\_

Evacuations? ☐ Yes ☐ No ☐ Probable Evacuation Level: ☐ 1 ☐ 2 ☐ 3

Estimated number to evacuate? \_\_\_\_\_ Shelter Location: \_\_\_\_\_

What land is it on? (Check all that apply) ☐ Private ☐ Federal ☐ State ☐ Unprotected

**Resources Needed**

What specific resources  
are needed? (i.e., 5  
Wildland Strike Teams)

**Reporting Area**

Command Post: (location/address) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

The requesting jurisdiction agrees to comply with all provisions of the Mobilization Plan. ☐ Yes ☐ No

FAX to the Washington EMD's State Emergency Operations Duty Officer at (253) 512-7203.

or

E-mail: [dutyofficer@emd.wa.gov](mailto:dutyofficer@emd.wa.gov)

**Call 1-800-258-5990 for the State Emergency Operations Officer  
Verify they have received the Mobilization Request Form**

**Mobilization Request  
Form**

**2009 Version - Mobilization Plan**

WSP/EMD Use Only
Date/Time Received:
Date/Time Approved:
Mobilization # : WA – WFS – _____

**EMD FAX #:(253) 512-7203**

**FAX THE  
REQUEST FOR  
MOBILIZATION FORM  
AND  
INCIDENT COMPLEXITY  
ANALYSIS**

**CALL THE EMD DUTY  
OFFICER**

**1-800-258-5990  
TO ENSURE THEY  
HAVE RECEIVED IT**

**FAX this document to the Washington EMD's State Emergency Operations Duty Officer at (253) 512-7203.**

**Call 1-800-258-5990 for the State Emergency Operations Officer.**

**All-Risk Complexity Analysis**

**Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

<b>Incident Name:</b>			<b>Size:</b>	
<b>Completed By:</b>		<b>Title:</b>		

*To be completed by the Incident Commander on a developing incident. The intent of this tool is to be used to evaluate the level of a management team necessary and further incident documentation. Enter a 1 in either the "yes" or "no" box per line. This would be the same as marking the box as affirmative. The score will be totaled below.*

	<b>Topic</b>	<b>Yes</b>	<b>No</b>
<b>I</b>	There is a need to develop division, group or sector assignments.		
<b>II</b>	There is a need to develop a written plan (ICS-201 or equivalent) to change from verbal to written decision making process.		
<b>III</b>	There currently exist outstanding tasks, assignments relative to life safety, environmental risks or property protection.		
<b>IV</b>	There exists a threat to a subdivision, rural community, or critical infrastructure.		
<b>V</b>	Current and/or forecasted weather are impacting the incident.		
<b>VI</b>	The incident is developing and no Risk Management Plan has been completed and incorporated into a safety plan.		
<b>VII</b>	The incident has outstanding needs on critical issues (personnel, resource requests).		
<b>VIII</b>	The incident potential forecast indicated an event over 72-hours before stabilization or mitigation.		
<b>IX</b>	Inadequate personnel in supervisory roles to ensure implementation of safety plan.		
<b>X</b>	Inadequate command staff to document incident necessary to meet local, state or federal guidelines.		
		<b>Score:</b>	

<b>Legend:</b>
• 3 to 5 "yes" boxes checked, request a Type 3 Team.
• 5 of more "yes" boxes checked, request a Type 2 Team.
• If there is valid target relative to a terrorist event or natural disaster you may immediately order a Type 2 Team.

**FAX with the Request for Mobilization Form to Washington EMD's State Emergency Operations Duty Officer at (253) 512-7203.**

**Call 1-800-258-5990 for the State Emergency Operations Officer to verify receipt.**

**AFTER FAXING  
THE  
INCIDENT COMPLEXITY  
ANALYSIS AND REQUEST  
FOR  
MOBILIZATION FORM**

**CALL THE  
EMD DUTY OFFICER  
1-800-258-5990  
TO INSURE THEY  
HAVE RECEIVED IT**

**Incident Complexity Analysis Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

<b>Incident Name:</b>			<b>Size:</b>	
<b>Completed By:</b>		<b>Title:</b>		

**Guide to Completing the Incident Complexity Analysis (Type 1 and 2 Incidents)**

- 1) Analyze each element and check the response, Yes or No.
- 2) If positive responses exceed, or are equal to, negative responses within any primary factor (A through G), the primary factor should be considered as a positive response.
- 3) If any three of the primary factors (A through G) are positive responses, this indicates the fire situation is or is predicted to be of Type 1 complexity.
- 4) Factor H should be considered after numbers 1-3 are completed. If more than two of the items in factor H are answered yes, and three or more of the other primary factors are positive responses, a Type 1 team should be considered. If the composites of H are negative, and there are fewer than three positive responses in the primary factors (A-G), a Type 2 team should be considered. If the answers to all questions in H are negative, it may be advisable to allow the existing overhead to continue action on the fire.
- 5) Enter a 1 in either the "yes" or "no" box per line. This would be the same as marking the box as affirmative. The score will be totaled below (on page 3).

<b>Incident Complexity Analysis</b>				
<b>A. Fire Behavior (Observed or Predicted)</b>			<b>YES</b>	<b>NO</b>
1	Burning index (from on-site measurement of weather conditions) predicted to be above the 90% level using the major fuel model in which the fire is burning.			
2	Potential exists for extreme fire behavior (fuel moisture, winds, etc.).			
3	Crowning, profuse or long-range spotting.			
4	Weather forecast indicating no significant relief or worsening conditions.			
			<b>Total</b>	
<b>B. Resources Committed</b>			<b>YES</b>	<b>NO</b>
1	200 or more personnel assigned.			
2	Three or more divisions.			
3	Wide variety of special support personnel.			
4	Substantial air operation which is not properly staffed.			
5	Majority of initial attack resources committed.			
			<b>Total</b>	

**Incident Complexity Analysis Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

<b>C. Resources Threatened</b>		<b>YES</b>	<b>NO</b>
1	Urban interface.		
2	Developments and facilities.		
3	Restricted, threatened, or endangered species habitat.		
4	Cultural sites.		
5	Unique natural resources, special-designation areas, wilderness.		
6	Other special resources.		
<b>Total</b>			

  

<b>D. Safety</b>		<b>YES</b>	<b>NO</b>
1	Unusually hazardous fire line construction.		
2	Serious accidents or fatalities.		
3	Threat to safety of visitors from fire and related operations.		
4	Restrictions and/or closures in effect or being considered.		
5	No night operations in place for safety reasons.		
<b>Total</b>			

  

<b>E. Ownership</b>		<b>YES</b>	<b>NO</b>
1	Fire burning or threatening more than one jurisdiction.		
2	Potential for claims (damages).		
3	Different or conflicting management objectives.		
4	Disputes over suppression responsibility.		
5	Potential for unified command.		
<b>Total</b>			

  

<b>F. External Influences</b>		<b>YES</b>	<b>NO</b>
1	Controversial fire policy.		
2	Pre-existing controversies/relationships.		
3	Sensitive media relationships.		
4	Smoke management problems.		
5	Sensitive political interests.		
6	Other external influences.		
<b>Total</b>			

  

<b>G. Change in Strategy</b>		<b>YES</b>	<b>NO</b>
1	Change in strategy to control from confine or contain		
2	Large amounts of unburned fuel within planned perimeter.		
3	WFSA invalid or requires updating.		
<b>Total</b>			



**Incident Complexity Analysis Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

<b>H. Existing Overhead</b>		<b>YES</b>	<b>NO</b>
1	Worked two operational periods without achieving initial objectives.		
2	Existing management organization ineffective.		
3	Overhead overextended mentally and/or physically.		
4	Incident action plans, briefings, etc. missing or poorly prepared.		
<b>Total</b>			

	<b>YES</b>	<b>NO</b>
<b>A. Fire Behavior (Observed or Predicted)</b>		
<b>B. Resources Committed</b>		
<b>C. Resources Threatened</b>		
<b>D. Safety</b>		
<b>E. Ownership</b>		
<b>F. External Influences</b>		
<b>G. Change in Strategy</b>		
<b>H. Existing Overhead</b>		
<b>Total</b>		

**Person assisting with scoring / evaluation:**

**Person assisting with scoring / evaluation:**

If this was already done - try to obtain a copy or get the names of the person who made the decision to go order a Type 1 or Type 2 Team and keep it for the documentation box.

**Once this form is completed keep a copy in the Incident Documentation Box.**

***If making a request for Mobilization:***

***FAX with the Request for Mobilization Form to Washington EMD's State Emergency Operations Duty Officer at (253) 512-7203.***

**Call 1-800-258-5990 for the State Emergency Operations Officer to verify receipt.**

**AFTER FAXING  
THE  
INCIDENT COMPLEXITY  
ANALYSIS AND REQUEST  
FOR  
MOBILIZATION FORM**

**CALL THE  
EMD DUTY OFFICER  
1-800-258-5990  
TO INSURE THEY  
HAVE RECEIVED IT**

**Type 3 Wildland Fire  
Incident Complexity Analysis Form  
2009 Version - Mobilization Plan** (Updated June 2012)

<b>Incident Name:</b>			<b>Size:</b>	
<b>Completed By:</b>		<b>Title:</b>		

*To be completed by the Incident Commander on a developing incident. The intent of this tool is to be used to evaluate the level of a management team necessary and further incident documentation. Enter a 1 in either the "yes" or "no" box per line. This would be the same as marking the box as affirmative. The score will be totaled below.*

<b>Fire Behavior</b>	<b>Yes</b>	<b>No</b>
Fuels extremely dry and susceptible to long-range spotting or you are currently experiencing extreme fire behavior.		
Weather forecast indicating no significant relief or worsening conditions.		
Current or predicted fire behavior dictates indirect control strategy with large amounts of fuel within planned perimeter.		
<b>Firefighter Safety</b>	<b>Yes</b>	<b>No</b>
Performance of firefighting resources affected by cumulative fatigue.		
Overhead overextended mentally and/or physically.		
Communication ineffective with tactical resources or dispatch.		
<b>Organization</b>	<b>Yes</b>	<b>No</b>
Operations are at the limit of span of control.		
Incident action plans, briefings, etc. missing or poorly prepared.		
Variety of specialized operations, support personnel or equipment.		
Unable to properly staff air operations.		
Limited local resources available for initial attack.		
Heavy commitment of local resources to logistical support.		
Existing forces worked 24 hours without success.		
Resources unfamiliar with local conditions and tactics.		
<b>Values to be protected</b>	<b>Yes</b>	<b>No</b>
Urban interface; structures, developments, recreational facilities, or potential for evacuation.		
Fire burning or threatening more than one jurisdiction and potential for unified command with different or conflicting management objectives.		
Unique natural resources, special-designation areas, critical municipal watershed, T&E species habitat, cultural value sites.		
Sensitive political concerns, media involvement, or controversial fire policy.		
<b>Total</b>		

<b>Legend:</b>
• 3 to 5 "yes" boxes checked, request a Type 3 Team.
• 5 of more "yes" boxes checked, request a Type 2 Team.
• If there is valid target relative to a terrorist event or natural disaster you may immediately order a Type 2 Team.

**FAX with the Request for Mobilization Form to Washington EMD's State Emergency  
Operations Duty Officer at (253) 512-7203.**

**Call 1-800-258-5990 for the State Emergency Operations Officer to verify receipt.**

**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**To:** \_\_\_\_\_  
Incident Commander Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

As the Agency Administrators for the agencies having jurisdiction (AHJ) over the Incident described below, you are hereby delegated the authority necessary to manage this incident. I/we understand that the AHJ still retains legal obligation for the incident, however the Incident Commander you will have the operational control.

**Incident Number:** WA-WFS- \_\_\_\_\_ **County:** \_\_\_\_\_

**Incident Name:** \_\_\_\_\_

**Narrative:**

The fire began on \_\_\_\_\_ at \_\_\_\_\_;

- ☐ The cause has been determined as \_\_\_\_\_ and  
List Cause  
is/was investigated by: \_\_\_\_\_ of \_\_\_\_\_.  
Investigators Name Agency / Department
- ☐ The cause has not been determined.

The geographic location of the fire is: \_\_\_\_\_  
Can use Township, Range, Section; Drainage name; Roads, or common descriptive area names  
\_\_\_\_\_.

The fire is currently estimated to be \_\_\_\_\_ acres in size at time of the Delegation.

**Weather:**

Current conditions are: \_\_\_\_\_ degrees with \_\_\_\_\_ humidity and \_\_\_\_\_ mph wind  
(temperature) (percent) (wind speed)  
from the \_\_\_\_\_.  
(direction)

**Command Structure:**

The current command structure at this time is:

Incident Commander: \_\_\_\_\_  
Name Fire Jurisdiction

Operations Section: \_\_\_\_\_  
Name Fire Jurisdiction

**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**Incident Complexity Analysis:**

An Incident Complexity Analysis (ICA) was completed when Mobilization was requested.

- ☐ This has been reviewed and is still current to operate with a Type 3 Incident Management Team.
- ☐ This has been reviewed and a new ICA has been completed as conditions have changed.
  - ☐ The incident will continue to be managed as a Type 3 Incident.
  - ☐ The ICA shows the incident has grown from a Type 3 Incident to a
    - ☐ (Type 2) Incident.
    - ☐ (Type 1) Incident.
  - ☐ The Type \_\_\_\_\_ IMT has been ordered. The Type 3 IMT will continue to assume command from the local jurisdiction and prepare to turn over the incident on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_(am) (pm).

**Incident Priorities:**

**As the delegating authority, I have the following expectations:**

- The priority for protection ranked in order is as follows:
  - Personal safety of firefighters and the public;
  - Developed property;
  - Natural resources.
- Require compliance with the “18 Watch Out Situations” and the “Ten Standard Firefighting Orders” by all incident personnel.
- All personnel are to receive at a minimum 2 to 1 work to rest ratio. A twelve-hour rest for all personnel is preferred. Be mindful of the local crews when implementing this directive. As the Incident Commander, you will document and approve the Crew Time Reports for any deviation when the 2 to 1 work to rest ratio is not achieved or when a single shift exceeds 16 hours.
- Immediately notify the assigned agency representative when the health or safety of incident personnel has been compromised.
- Provide a written safety plan for the incident.
- Prepare a plan to gain control of the incident that takes into account: fire behavior, weather conditions, fuel load, current resources and available resources.

**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**Incident Priorities: (continued)**

- Cooperate with the local fire jurisdictions, law enforcement and emergency management in developing structural protection and evacuation plans are needed:
  - Prepare a Structure Protection Plan that includes
    - Overview of the plan
    - Cooperating Agencies contact names and numbers
      - Consider Law Enforcement / EMD Liaison integration with IMT
    - Evacuation Trigger Points and procedures to be used

Additionally, the evacuation process should be consistent with the WASPC Model Evacuation Policy.

- Prepare a back-up plan of control in the event that the initial control plan fails.
- Incident will support Initial Attack. If resources are needed on another incident, you will release them for initial attack in order to prevent other incidents from developing into large incidents.
- Resource requests need to be coordinated with the State Fire Marshal's Office Representative.
- Cost containment is a major concern. Be mindful of this both on line and in base camp activities. Plan for and release resources at the earliest practical opportunity.

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# **Delegation of Authority For Fire Incidents 2009 Version - Mobilization Plan**

## **Agency Representatives:**

Agencies providing representatives will be listed on the attached Agency Representatives Form. **See *Agency Representatives Attachment***

## **Incident Business Advisor:**

This section applies when this is a Mobilization incident. The Office of State Fire Marshal will provide personnel to the incident to carry out this function. **See *Washington State Patrol – Incident Business Advisor Handout***

## **Incident Management:**

Establish unified command with: The local fire protection district(s) requesting Mobilization and surrounding mutual aid agencies.

- Establish a safe efficient transition with current incident management organization and build upon their accomplishments.
- In the case where the fire becomes a joint jurisdiction fire, (i.e., A DNR, USFS and Mobe fire), and is managed by a Type 1 or Type 2 Incident Management Team, an Expanded Dispatch is going to be handling all resource orders for the incident except those that are needed for structure protection and come from the Washington Fire Service. Those resources will still be ordered through the State Fire Marshal's Office Representative and not through the Expanded Dispatch.
- Coordinate media communications through the Incident Management Team PIO and local PIO's at the incident.
- Complete an "extended attack complexity analysis" for this incident. Update the analysis as the situation changes. Consult with the assigned agency representative whenever the analysis suggests a change in the incident's complexity level.
  - ☐ Develop strategies that seek to minimize the acreage burned consistent with providing for safe and effective operations.
- If the base camp is more than a 30 minute drive to the fire, the utilization of a smaller remote base camp should be reviewed.
- You have full authority and responsibility for incident management activities and all other activities associated with the incident under your command within the framework of the law.
- Your primary responsibility is to organize and direct your assigned resources towards safe, efficient, and cost effective suppression/mitigation of the incident.

• \_\_\_\_\_  
\_\_\_\_\_

**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

- \_\_\_\_\_  
\_\_\_\_\_

**Specific Incident Directions:**

- Ensure personnel have plenty of water and are aware of the symptoms of dehydration.
- Ensure meals and additional supplies of water and Gatorade are made available.
- Specific constraints, issues, opportunities or requirements (legal, political, local resources, landowners, environmentally sensitive areas, farming operations, other agencies, land use, etc... include any infrastructure that needs particular attention i.e., cell or radio towers).

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**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**Mop Up Standard:**

- ☐ Outside perimeter / fire line a minimum of \_\_\_\_\_ feet.
- ☐ Inside the perimeter around structures a minimum of \_\_\_\_\_ feet.
- ☐ Additional Mop-Up standards:
  - ☐ \_\_\_\_\_  
\_\_\_\_\_
  - ☐ \_\_\_\_\_  
\_\_\_\_\_
  - ☐ \_\_\_\_\_  
\_\_\_\_\_

**Local Jurisdiction Resources:**

- ☐ Encourage the requesting jurisdiction to provide a firefighter, (with local knowledge of roads, infrastructure and fire behavior, if available,) to each strike team leader. This will reduce the amount of time it takes a strike team to get into place when roads or geographical land marks may not be shown on a map. Local jurisdiction personnel will be compensated for their time.
- ☐ If the local jurisdiction is staffing equipment that will be used on the incident, the equipment must be assigned a resource order number, be on the Incident Action Plan and coordinate activities with the Operations Section.
- \_\_\_\_\_  
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**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**Other: (add additional sheets as needed)**

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**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**This Delegation of Authority to the Incident Management Team becomes effective on:**

\_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_(24 hour)

**Signatures:**

<b>Incident Title</b>	<b>Agency Administrator – Requesting Jurisdiction</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	<b>Type 3 Incident Commander</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

# Delegation of Authority For Fire Incidents 2009 Version - Mobilization Plan

Use this sheet to include additional information:

[illegible]

**Delegation of  
Authority  
For Fire Incidents  
2009 Version - Mobilization Plan**

**This Delegation of Authority ends effective on:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **at** \_\_\_\_:\_\_\_\_ **(24 hour).**  
The incident is being returned to the local jurisdiction(s) from the Incident Management Team.

**Signatures:**

<b>Incident Title</b>	<b>Agency Administrator – Requesting Jurisdiction</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	<b>Type 3 Incident Commander</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**To:** \_\_\_\_\_  
Incident Commander Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

**From:** \_\_\_\_\_  
Agency Administrator Name Representing

As the Agency Administrators for the agencies having jurisdiction (AHJ) over the Incident described below, you are hereby delegated the authority necessary to manage this incident. I/we understand that the AHJ still retains legal obligation for the incident, however the Incident Commander you will have the operational control.

**Incident Number:** WA-WFS- \_\_\_\_\_ **County:** \_\_\_\_\_

**Incident Name:** \_\_\_\_\_

**Narrative:**

The incident began on \_\_\_\_\_ at \_\_\_\_\_;

- ☐ The cause has been determined as \_\_\_\_\_ and  
List Cause  
is/was investigated by: \_\_\_\_\_ of \_\_\_\_\_.  
Investigators Name Agency / Department
- ☐ The cause has not been determined.

The geographic location of the incident is: \_\_\_\_\_  
Can use Township, Range, Section; Drainage name; Roads, or common descriptive area names  
\_\_\_\_\_.

The incident is currently estimated to be \_\_\_\_\_ in size at time of the Delegation.

**Weather:**

Current conditions are: \_\_\_\_\_ degrees with \_\_\_\_\_ humidity and \_\_\_\_\_ mph wind  
(temperature) (percent) (wind speed)  
from the \_\_\_\_\_.  
(direction)

**Command Structure:**

The current command structure at this time is:

Incident Commander: \_\_\_\_\_  
Name Fire Jurisdiction

Operations Section: \_\_\_\_\_  
Name Fire Jurisdiction

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**Incident Complexity Analysis:**

An Incident Complexity Analysis (ICA) was completed when Mobilization was requested.

- ☐ This has been reviewed and is still current to operate with a Type 3 Incident Management Team.
- ☐ This has been reviewed and a new ICA has been completed as conditions have changed.
  - ☐ The incident will continue to be managed as a Type 3 Incident.
  - ☐ The ICA shows the incident has grown from a Type 3 Incident to a
    - ☐ (Type 2) Incident.
    - ☐ (Type 1) Incident.
  - ☐ The Type \_\_\_\_\_ IMT has been ordered. The Type 3 IMT will continue to assume command from the local jurisdiction and prepare to turn over the incident on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_(am) (pm).

**Incident Priorities:**

**As the delegating authority, I have the following expectations:**

- The priority for protection ranked in order is as follows:
  - Personal safety of firefighters and the public;
  - Developed property;
  - Natural resources.
- Require compliance with the “18 Watch Out Situations” and the “Ten Standard Firefighting Orders” by all incident personnel.
- All personnel are to receive at a minimum 2 to 1 work to rest ratio. A twelve-hour rest for all personnel is preferred. Be mindful of the local crews when implementing this directive. As the Incident Commander, you will document and approve the Crew Time Reports for any deviation when the 2 to 1 work to rest ratio is not achieved or when a single shift exceeds 16 hours.
- Immediately notify the assigned agency representative when the health or safety of incident personnel has been compromised.
- Provide a written safety plan for the incident.
- Prepare a plan to gain control of the incident that takes into account: fire behavior, weather conditions, fuel load, current resources and available resources.

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**Incident Priorities: (continued)**

- Cooperate with the local fire jurisdictions, law enforcement and emergency management in developing structural protection and evacuation plans are needed:
  - Prepare a Structure Protection Plan that includes
    - Overview of the plan
    - Cooperating Agencies contact names and numbers
      - Consider Law Enforcement / EMD Liaison integration with IMT
    - Evacuation Trigger Points and procedures to be used

Additionally, the evacuation process should be consistent with the WASPC Model Evacuation Policy.

- Prepare a back-up plan of control in the event that the initial control plan fails.
- Incident will support Initial Attack. If resources are needed on another incident, you will release them for initial attack in order to prevent other incidents from developing into large incidents.
- Resource requests need to be coordinated with the State Fire Marshal's Office Representative.
- Cost containment is a major concern. Be mindful of this both on line and in base camp activities. Plan for and release resources at the earliest practical opportunity.

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# **Delegation of Authority For All-Risk Incidents 2009 Version - Mobilization Plan**

## **Agency Representatives:**

Agencies providing representatives will be listed on the attached Agency Representatives Form. **See *Agency Representatives Attachment***

## **Incident Business Advisor:**

This section applies when this is a Mobilization incident. The Office of State Fire Marshal will provide personnel to the incident to carry out this function. **See *Washington State Patrol – Incident Business Advisor Handout***

## **Incident Management:**

Establish unified command with: The local fire protection district(s) requesting Mobilization and surrounding mutual aid agencies.

- Establish a safe efficient transition with current incident management organization and build upon their accomplishments.
- In the case where the fire becomes a joint jurisdiction fire, (i.e., A DNR, USFS and Mobe fire), and is managed by a Type 1 or Type 2 Incident Management Team, an Expanded Dispatch is going to be handling all resource orders for the incident except those that are needed for structure protection and come from the Washington Fire Service. Those resources will still be ordered through the State Fire Marshal's Office Representative and not through the Expanded Dispatch.
- Coordinate media communications through the Incident Management Team PIO and local PIO's at the incident.
- Complete an "extended attack complexity analysis" for this incident. Update the analysis as the situation changes. Consult with the assigned agency representative whenever the analysis suggests a change in the incident's complexity level.
  - ☐ Develop strategies that seek to minimize the acreage burned consistent with providing for safe and effective operations.
- If the base camp is more than a 30 minute drive to the fire, the utilization of a smaller remote base camp should be reviewed.
- You have full authority and responsibility for incident management activities and all other activities associated with the incident under your command within the framework of the law.
- Your primary responsibility is to organize and direct your assigned resources towards safe, efficient, and cost effective suppression/mitigation of the incident.

• \_\_\_\_\_  
\_\_\_\_\_

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

- \_\_\_\_\_  
\_\_\_\_\_

**Specific Incident Directions:**

- Ensure personnel have plenty of water and are aware of the symptoms of dehydration.
- Ensure meals and additional supplies of water and Gatorade are made available.
- Specific constraints, issues, opportunities or requirements (legal, political, local resources, landowners, environmentally sensitive areas, farming operations, other agencies, land use, etc... include any infrastructure that needs particular attention i.e., cell or radio towers).

- \_\_\_\_\_  
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\_\_\_\_\_

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**Turn Back Standards:**

- ☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Local Jurisdiction Resources:**

- ☐ Encourage the requesting jurisdiction to provide a firefighter, (with local knowledge of roads, infrastructure and fire behavior, if available,) to each strike team leader. This will reduce the amount of time it takes a strike team to get into place when roads or geographical land marks may not be shown on a map. Local jurisdiction personnel will be compensated for their time.
- ☐ If the local jurisdiction is staffing equipment that will be used on the incident, the equipment must be assigned a resource order number, be on the Incident Action Plan and coordinate activities with the Operations Section.

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**Other: (add additional sheets as needed)**

- \_\_\_\_\_  
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**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**This Delegation of Authority to the Incident Management Team becomes effective on:**

\_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_(24 hour)

**Signatures:**

<b>Incident Title</b>	<b>Agency Administrator – Requesting Jurisdiction</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	<b>Type 3 Incident Commander</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

# Delegation of Authority For All-Risk Incidents 2009 Version - Mobilization Plan

Use this sheet to include additional information:

[illegible]

**Delegation of  
Authority  
For All-Risk Incidents  
2009 Version - Mobilization Plan**

**This Delegation of Authority ends effective on:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **at** \_\_\_\_:\_\_\_\_ **(24 hour).**  
The incident is being returned to the local jurisdiction(s) from the Incident Management Team.

**Signatures:**

<b>Incident Title</b>	<b>Agency Administrator – Requesting Jurisdiction</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	<b>Type 3 Incident Commander</b>
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

<b>Incident Title</b>	
<b>Agency</b>	
<b>Printed Name</b>	
<b>Signature</b>	

# Mobilization Manifest Form

Incident Name:

Fire Number: WA – WFS – \_\_\_\_\_

Resource Order Number:

## 2009 Version - Mobilization Plan

<input type="checkbox"/> Initial Attack		<input type="checkbox"/> Immediate Need		<input type="checkbox"/> Initial Response Crew		<input type="checkbox"/> Crew Change-Out (Requires I/C Approval)	
Time Requested:		Estimated Time of Departure:		Estimated Time of Arrival:		Date:	
Fire Jurisdiction:				Federal Tax ID #: Required			
Equipment #	Vehicle License #	Equipment Type Requested	Equipment Type Sent	Cell Phone Number:			
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Position	Carded? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Position	Carded? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Position	Carded? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Position	Carded? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
Name	Agency if different than above	Home Address	<input type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	Position	Carded? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		

**\*\* If you are being paid by your home agency – check “Paid by Home Agency; If you are going to be paid by the Washington State Patrol – check Paid by WSP.**

Positions:

STL/TFL - Strike Team / Task Force Leader (must be carded); FF 1 – Wildland Firefighter 1 (must be carded); ENGB - Engine Boss (must be carded); FF 2 – Wildland Firefighter 2

**For those being paid the WSP – Make sure that your paperwork has the mailing address where your mail is delivered to. A wrong address will delay your payment. For those being paid by their home agency you need only complete a time card, crew time report and manifest form.**

**You will also need to turn a copy of the following forms in at each Mobilization in order to receive your pay:**

\* W-4

\* WSP Waiver

Without these documents, we cannot process your pay.

**FAX A COPY TO STATE EOC PRIOR TO LEAVING  
253-512-7234 Or E-mail to: [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)**

**If you have questions regarding Mobilization e-mail us at: [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)**

**Manifest Needed for Check-in And Payment Process**



**Mobilization Manifest**  
**Form**  
**Instructions**  
**2009 Version – Mobilization Plan**

**Form Use:**

This form is to be used to record personnel and equipment being sent to an incident either as a single resource or as a strike team/task force.

**Completing Form:**

Use one form per resource number assigned per event. Complete the form and fax to the State Emergency Operations Center prior to leaving for the event. The State Emergency Operations Center will forward the information to the event. This will allow the incident to start putting resources into an operational plan.

When checking into the event, provide the Finance Unit the original copy, the other copy will go the Strike Team/Task Force Leader.

Crew Change-Out: The replacement crew will need to only complete the Resource # and Event Name and the bottom half of the manifest. Only complete the top half of the manifest if there is a change. Fax a copy to the State Emergency Operations Center prior to leaving for the crew change out. It is the home jurisdiction's responsibility to obtain the Incident Commanders approval for a crew change prior to the change-out.

- Fill in the boxes with information requested.
- Use N/A for those not applicable.
- The hourly rate for a volunteer is from the Interagency Rate Agreement.
- The hourly rate for a career employee is the regular hourly rate. This is needed for the Incident Cost Accounting Reports (ICARS).
- Inform the time unit of duty status e.g., if on overtime status and local labor agreements, e.g., pay for all hours away from duty-station or pay for hours worked only.

☐ Initial Attack      ☐ Immediate Need      ☒ **Initial Response Crew**      ☐ Crew Change-Out (Requires I/C Approval)

<b>Time Requested:</b> 18:30		<b>Estimated Time of Departure:</b> 20:30		<b>Estimated Time of Arrival:</b> 01:00		<b>Date:</b> 8/7/07	
<b>Fire Jurisdiction:</b> Pierce County # 6				<b>Federal Tax ID #:</b> Required 91-1234567			
<b>Equipment #</b> E-23	<b>Vehicle License #</b> 12345D	<b>Equipment Type Requested</b> Wildland Engine	<b>Equipment Type Sent</b> Type 6	<b>Cell Phone Number:</b> (253) 555-1212			
<b>Name</b> Robert Smythe		Agency if different than above	POB 78, Tacoma WA 98343	<input checked="" type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	<b>Position</b> FF 2	<b>Carded?</b> <input checked="" type="radio"/> -Yes <input type="radio"/> -No	
<b>Name</b> Allen Jones		Agency if different than above	12344 168 <sup>th</sup> Ave E, Tacoma 98445	<input checked="" type="checkbox"/> Paid by Home Agency <input type="checkbox"/> Paid by WSP	<b>Position</b> ENGB	<b>Carded?</b> <input type="radio"/> -Yes <input checked="" type="radio"/> -No	
<b>Name</b> Barbara White		Pierce # 23	POB 45334, Graham WA 98447	<input type="checkbox"/> Paid by Home Agency <input checked="" type="checkbox"/> Paid by WSP	<b>Position</b> FF 1	<b>Carded?</b> <input checked="" type="radio"/> -Yes <input type="radio"/> -No	

In this example: Smythe will be paid as FF-2, Jones will need to show if is carded as a FF-1, if not – he would be paid as a FF-2, White will be paid as a FF-1.

**FAX to the State Emergency Operations Center**  
**Prior to Leaving for Event.**

**253-512-7234**

**Or E-mail to FPBMobe@wsp.wa.gov**

**Agency Reimbursement Invoice**

**Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

Agency			Event Name		
Address			Tax ID #		
City			Contract #		
State	Washington	ZIP:			
			Phone		

Reimbursement for Mobilized Personnel							
	Resource Number	Name (Last, First)	Regular	Overtime	Regular	Overtime	Sub-Total
			Hours		Rate of Pay		
1					\$ -	\$ -	\$ -
2					\$ -	\$ -	\$ -
3					\$ -	\$ -	\$ -
4					\$ -	\$ -	\$ -
5					\$ -	\$ -	\$ -
6					\$ -	\$ -	\$ -
7					\$ -	\$ -	\$ -
8					\$ -	\$ -	\$ -
9					\$ -	\$ -	\$ -
10					\$ -	\$ -	\$ -
				Agency Personnel Sub-Total		\$ -	

Reimbursement for Backfill Personnel						
	Resource Number	Name (Last, First)	Overtime		Sub-Total	Overtime Sub-Total; Overtime / 3
			Hours	Rate		
1				\$ -	\$ -	\$ -
2				\$ -	\$ -	\$ -
3				\$ -	\$ -	\$ -
4				\$ -	\$ -	\$ -
5				\$ -	\$ -	\$ -
6				\$ -	\$ -	\$ -
7				\$ -	\$ -	\$ -
8				\$ -	\$ -	\$ -
9				\$ -	\$ -	\$ -
10				\$ -	\$ -	\$ -
Agency Backfill Sub-Total						\$ -

Resource #	Sub-Total	Resource #	Sub-Total
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
	\$ -		\$ -
Total		\$ -	

Total Amount Submitted For Reimbursement	
Agency Personnel Sub-Total:	\$ -
Agency Backfill Sub-Total:	\$ -
Total Agency Reimbursement:	\$ -

**Completed By:**

Name

Phone

If we have questions, the best day/time to contact you:

Return the completed form within 45 days of the event to: **FPBMobe@wsp.wa.gov**

**TO ENSURE ACCURACY AND TIMELY PAYMENT, DO NOT ALTER FORMATTING OR FORMULAS.**

**Agency Reimbursement Invoice Form  
Instructions**

**2009 Version - Mobilization Plan**

**Form Use:**

This form is for jurisdictions to claim for career employee's reimbursement.

**Completing Form:**

- Using the Reimbursement Worksheet, fill in the boxes with information requested.
- Attach one Reimbursement Worksheet for each employee listed.

**Step 1: Complete the header information**

<b>Agency:</b>	Thurston County Fire District # 25			<b>Event Name:</b>	Mobilization Complex
<b>Address:</b>	PO Box 42600			<b>Tax ID #:</b>	91-0000000
<b>City:</b>	Olympia			<b>Phone #:</b>	360-596-3935
<b>State:</b>	Washington	<b>ZIP:</b>	98504	<b>Completed By:</b>	Bill Smith
				<b>Contact Number:</b>	360-596-3937

**Step 2: Complete the mobilized personnel portion. Include the Resource Order Number. You can enter multiple resources on an invoice for the same incident. Enter the total at the bottom of the form.**

**Reimbursement for the following agency provided personnel:**

	Resource Order Number	Name (Last, First)	Regular Hours	Overtime Hours	Regular Rate	Overtime Rate	Sub-Total
1	2125	Smith, Jon	16	20.5	\$ 17.91	\$ 24.54	\$ 789.63
2					\$	\$	\$
<b>Agency Personnel Sub-Total</b>							\$ 789.63

**Step 3: Complete the backfill information if backfill was used. Enter the total at the bottom of the form.**

**Reimbursement fo Backfill Personnel:**

	Resource Order Number	Name (Last, First)	Overtime Hours	Overtime Rate	Sub-Total	Overtime Sub-Total; Overtime / 3
1	2125	Green, James	16	\$ 25.04	\$ 400.64	\$ 133.55
2				\$	\$	\$
<b>Agency Backfill Sub-Total</b>						\$ 133.55

**Step 4: For each Resource Order Number, enter the number and the total cost for mobilized and backfill personnel. This total should match the totals for both the mobilized and backfill personnel.**

Resource #	Sub-Total	Resource #	Sub-Total
2125	\$ 923.18		\$
	\$		\$
<b>Total</b>			\$ 923.18

Total Amount Submitted For Reimbursement	
Agency Personnel Sub-Total	\$ 789.63
Agency Backfill Sub-Total	\$ 133.55
Total Agency Reimbursement	\$ 923.18

**COMPLETE AND RETURN FORM WITHIN 45 DAYS FROM THE DATE OF DEMOBILIZATION.**

Emergency Mobilization Section  
Po Box 42600  
Olympia WA 98504  
Fax: (360) 596-3937 or e-mail: FPBMobe@wsp.wa.gov

Individual Time Record

Form

2009 Version - Mobilization Plan (Updated June 2012)

Event Name:		Resource Order Number:	
Employee Name:			
Seeking Reimbursement for: (check only one)		<input type="checkbox"/> Mobilized Staff	<input type="checkbox"/> Backfill

Total Cost of Compensation

	Regular Rate	Overtime Rate	
Base Hourly Rate:			Regular Rate without benefits. Overtime is 1.5 times the Regular Rate.
Social Security:			Social Security 6.2%; Should be similar to: \$ -
Medicare:			Medicare 1.45%; Should be similar to: \$ -
LEOFF/PERS:			LEOFF 1: .16%; LEOFF 2: 5.24%; PERS 1,2,3: 5.31%; PERS 2: 7.85%
L&I Insurance:			L&I Insurance - Rate is the same for Regular Hours and Overtime Hours.
Shift Premium:			Use for In-Charge Pay, etc.
Medical / Dental Insurance:			Insurance is based on Regular Hours worked in a month. N/A to Overtime.
Total:			

Scheduled Work Hours:

Shift Schedule Start	
Shift Schedule End	
Shift Hours	

Comments / Notes: This area should be utilized to explain shift schedules, i.e., first 40 hrs regular then OT, as well as any additional information necessary to clarify hours or rates.

Hours Worked at Incident and Hours Scheduled to Work at Home:

Start Time	End Time	Total Hours	Regular Hours	Overtime Hours	Backfill
Total Hours Worked:					

Reimbursement Sought:	Rate of Pay	Total
Regular Hours:		
Overtime Hours:		
Backfill Hours:		
Total:		

Should only be used if completing form for a backfill person.

\*\* Backfill pay is calculated to show the 1/3 of total pay.

Return the completed form within 45 days of the event.

Mobilization Section  
PO Box 42600  
Olympia WA 98504

Or E-mail: [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)  
Fax: (360) 596-3937

**Form Use:**

This form is for jurisdictions to claim for career employee's reimbursement.

**Completing Form:**

- Using the Reimbursement Worksheet, fill in the boxes with information requested.
- Attach one Reimbursement Worksheet for each employee listed.
- Use one form per resource order number assigned to an event.

**Step 1: Complete the header information and Total Cost of Compensation**

<b>Event Name:</b>	Mobilization Complex	<b>Resource Order Number:</b>	2125
<b>Employee Name:</b>	John Smith		
<b>Seeking Reimbursement for: (check only one)</b>		<input checked="" type="checkbox"/> <b>Mobilized Staff</b>	<input checked="" type="checkbox"/> <b>Backfill</b>

**Total Cost of Compensation**

	Regular Rate	Overtime Rate	
<b>Base Hourly Rate:</b>	\$ 15.00	\$ 22.50	<b>Regular Rate</b> without benefits. <b>Overtime</b> is 1.5 times the Regular Rate.
<b>Social Security:</b>	\$ 0.93	\$ 1.40	<b>Social Security</b> 6.2%; Should be similar to: \$ 0.93
<b>Medicare:</b>	\$ 0.22	\$ 0.33	<b>Medicare</b> 1.45%; Should be similar to: \$ 0.22
<b>LEOFF/PERS:</b>	\$ 1.32	\$ 1.98	<b>LEOFF 2:</b> 8.83%; <b>PERS 1:</b> 6.0%; <b>PERS 2:</b> 5.45%; <b>PSES 2:</b> 6.57%
<b>L&amp;I Insurance:</b>	\$ 0.31	\$ 0.31	<b>L&amp;I Insurance</b> - Rate is the same for Regular Hours and Overtime Hours.
<b>Shift Premium</b>	\$ -	\$ -	Use for In-Charge Pay, etc...
<b>Medical / Dental Insurance:</b>	\$ 1.35		<b>Insurance</b> is based on Regular Hours worked in a month. N/A to Overtime.
<b>Total:</b>	\$ 19.13	\$ 26.52	

**Note: The Employer Retirement Rates  
change after 6/30/12 and again on 9/1/12.**

**Step 2: Complete the scheduled work shift the employee works at home.**

**Scheduled Work Hours:**

<b>Shift schedule to start at:</b>	7:00	<b>Use (24:00) Hour</b>
<b>Shift schedule to end at:</b>	7:00	<b>Use (24:00) Hour</b>
<b>A scheduled shift is:</b>	24	<b>Hours in length</b>

Use the **Backfill** Column for recording those hours worked backfilling personnel who were mobilized.

**Hours Worked at Incident and Hours Scheduled to Work at Home:**

Start Time	End Time	Total Hours	Regular Hours	Overtime Hours	Backfill
7/1/08 15:00	7/2/08 7:00	16:00:00	16	0	0
7/2/08 7:00	7/2/08 19:00	12:00:00	0	12	0
7/3/08 6:00	7/3/08 14:30	8:30:00	0	8.5	0
<b>Total Hours Worked:</b>		36:30:00	16	20.5	0

<b>Reimbursement Sought:</b>		<b>Rate of Pay</b>	<b>Total</b>
<b>Regular Work Hours:</b>	16	\$ 19.13	\$ 306.08
<b>Overtime Work Hours:</b>	20.5	\$ 26.52	\$ 543.66
<b>Backfill Hours:</b>	0	\$ 26.52	\$ -
<b>Total:</b>		\$ 849.74	

Should only be used if completing form for a backfill person.

\*\* Backfill pay is calculated to show the 1/3 of total pay.

**Step 4: Calculate the rate of pay times the hours worked in each category. Remember that backfill is only 1/3 of the total cost.**

**COMPLETE AND RETURN FORM WITHIN 45 DAYS FROM THE DATE OF DEMOBILIZATION.**

Emergency Mobilization Section  
Po Box 42600  
Olympia WA 98504  
Fax: (360) 596-3937 or e-mail: FPBMobe@wsp.wa.gov

**Expense/Claim Invoice**

**Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

<b>Agency/Person to be Reimbursed:</b>			
<b>Name:</b>		<b>Event:</b>	
<b>Address:</b>		<b>Resource Order #:</b>	
<b>City:</b>		<b>Federal Tax ID #:</b>	
<b>State:</b>		<b>Zip:</b>	
<b>Phone #:</b>			
<b>Contact Person:</b>		<b>Phone #:</b>	

<b>Meals/Lodging and Other Loss or Damaged Equipment/Expense:</b> <i>(See Instructions)</i>				
<b>Date</b>	<b>Type</b>	<b>Who was the room/meal for? What was damaged or lost?</b>	<b>Vendor Name Location</b>	<b>Sub-Total</b>

**Type:** **H**-Hotel Charge; **M**-Meal Charge; **L**-Loss Equipment; **D**-Damaged Equipment

**Required Documentation**

**Hotel Cost:** Receipt showing the hotel name, address, date and time of stay. The room cost per night and total cost. Names of personnel staying in the room.

**Meal Cost:** Receipt showing the restaurant name, address, date and time of purchase. The cost per each meal including tip and the names of personnel who ate.

**Loss/Damaged:** A completed Loss/Damaged form that shows the loss or damage was a result of the incident. Receipts for repairs, showing the vendor name, address, date and time of purchase along with a detail of work performed or service provided.

**\*\*Lodging & Meal costs must comply with Washington State Per Diem regulations\*\***

**Meals are NOT reimbursable unless authorized.**

**Add any other documentation that supports your claim.**

**Return the completed form within 45 days of the event.**

Mobilization Section  
PO Box 42600  
Olympia WA 98504

E-mail: **FPBMobe@wsp.wa.gov**  
Fax: (360) 596-3937

**Form Use:**

This form is to be used for those seeking reimbursement for expenses such as telephone cost, meals, lodging and replacement equipment.

**Completing Form:**

- Fill in the boxes with information requested.

Step 1: Complete the header portion of the form.

<b>Agency / Person to be Reimbursed:</b>			
<b>Name:</b>	Thurston County Fire District # 25	<b>Event:</b>	Mobilization Complex
<b>Address:</b>	POB 42600	<b>Event State:</b>	WA
<b>City:</b>	Olympia	<b>Resource Order #:</b>	2125
<b>State:</b>	WA	<b>Zip:</b>	98504
<b>Phone #:</b>	360-596-3935	<b>Federal Tax ID #:</b>	91-0000000
<b>Contact Person:</b>	Jill Xanax	<b>Phone #:</b>	360-596-3937

Step 2: Detail the charges, using the codes provided. If you need to add additional sheets of paper to explain a charge, add them behind the Invoice Form.

<b>Meals / Lodging and Other: Loss or Damaged Equipment / Expense: See Instructions</b>				
<b>Date</b>	<b>Type</b>	<b>Who was the room / meal for?</b>	<b>Hotel, Restaurant, Vendor Name?</b>	<b>Sub-Total</b>
		<b>What was damaged or lost?</b>	<b>Location?</b>	
7/1/2008	M	Jon Smith - Dinner	24 Hour Drive Through	\$ 8.00
7/2/2008	D	Type 6 Engine Damage	Bill's Garage	\$ 65.45
				\$
<b>Type: H-Hotel Charge; M-Meal Charge; L-Loss Equipment; D-Damaged Equipment</b>				<b>\$ 73.45</b>

Step 3: Attach receipts and additional supporting documentation to your claim.

**Complete And Return Within 45 Days From The Date Of Demobilization**

**Emergency Mobilization Section  
Po Box 42600  
Olympia WA 98504**

Fax: (360) 596-3937 or e-mail: [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)

**Injury / Exposure Reporting**

**Form**

**2009 Version - Mobilization Plan**

COMPLETE AT TIME OF INJURY / EXPOSURE BY INDIVIDUAL OR SUPERVISOR									
Event Name:			Resource Order #:						
Name:			Date of Birth:			- -			
Address:			Home Phone: ( )						
City:			Work Phone: ( )						
State:		ZIP:		Message Phone:			( )		
Agency:			Contact Name:						
							Contact Number: ( )		
Injury / Exposure Information									
Date of Injury/Exposure:			Time:		County:				
Address, City:			State:						
Extent of Injury/Exposure:									
How did the Injury/Exposure Occur:									
Injury / Exposure Treatment									
Did You Receive Medical Treatment at Time of Injury?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Location:					
Did You Receive Additional Medical Treatment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Facility:					
Has a Labor & Industries Claim Been Filed By You?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Claim #:					
Was a Third Party Involved in Your Injury/Exposure?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identify below					
Third Party / Witness Information									
Name			Home Phone:						
Address:			Work Phone:						
City:			State:			ZIP:			
Name			Home Phone:						
Address:			Work Phone:						
City:			State:			ZIP:			
Reviewer		Printed Name			Signature			Date	
Immediate Supervisor									
Division Supervisor or Incident Commander									
Medical Unit Leader or Safety Officer									

**Fax a Copy of this Form  
to the Washington State Patrol - Mobilization Section  
as Soon as Possible 360-596-3937**



**Personal Injury/Exposure Report Form  
Instructions**

**2009 Version – Mobilization Plan**

**Form Use:**

This form is to be used for notification of personal injury / exposure at an event. It does not replace the Labor and Industries “Claim\_Report of Industrial Injury or Occupational Disease” (ROA) form.

**Completing Form:**

- Either the employee or supervisor will complete this form.
- Fill in the boxes with information requested.
- Be detailed as to the mechanics of the injury or exposure.

Step 1: Complete header information.

Step 2: Explain the injury.

<b>Extent of Injury/Exposure:</b>	Struck in left cheek by an exploding rock. Required 4 stitches.
<b>How did the Injury/Exposure Occur:</b>	
While extinguishing a fire with water, a hot rock was hit by cold water which caused the rock to explode. A shard of rock struck my left cheek, leaving a deep 5 inch long gash.	

**Seeking Medical Treatment:**

If you are going to a hospital, advise them this is a work related injury and an L&I form needs to be completed. If you are going to be paid by the Washington State Patrol, the employer information is:

If you are paid by the Washington State Patrol, the employer information is:	If you are being paid by your home agency; the employer information is:	If you are not sure who your employer is or if you are going to be covered by the Board of Volunteer Fire Fighters or L&I:
Washington State Patrol Fire Protection Bureau PO Box 42600 Olympia WA 98504	List your home agency information.	List your home agency information. You can always change later, but it is important that the injuries be documented as a work place injury.
Regardless of who your employer is – make sure you get a copy of the “Claim Report of Industrial Injury or Occupational Disease” (ROA) form. This will have you L&I Claim number which you will need.		

**Review Section:**

The only two required boxes to be completed are the Immediate Supervisor and Safety Officer. The Safety Officer will attach any forms completed regarding this injury/exposure and:

**Fax to the Washington State Patrol  
Emergency Mobilization Section within 24 hours of the Incident.**

**Send Originals to:**  
Emergency Mobilization Section  
PO Box 42600  
Olympia WA 98504  
Fax (360) 596-3937

Or e-mail to [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)

**Vehicle Mileage**

**Invoice Form**

**2009 Version - Mobilization Plan** (Updated June 2012)

Agency/Person to be Reimbursed:			
Name:		Event:	
Address:		Resource Order #:	
City:		Federal Tax ID #:	
State:		Zip:	
Phone #:		Contact Person:	

Mileage Rate:

Daily Rate:

Date	Type of Vehicle	Miles	Mileage Rate	Sub-Total	Daily Rate*	Mileage OR Daily Rate**	Comments
<b>Totals</b>							

**Vehicle Types**

**C**=Command Vehicle; **S**=Support; **P**=Personal; **M**=Mobile Command Post

**Required Documentation**

Copy of Equipment Shift Ticket(s) showing miles operated each day. Reimbursements for personally owned vehicles require an IRS Form W-9.

**\*Daily Rate applies to Command Vehicles Only\***

**\*\*Mileage OR Daily Rate, whichever is higher\*\***

**Return the completed form within 45 days of the event.**

Mobilization Section  
PO Box 42600  
Olympia WA 98504

E-mail: **FPBMobe@wsp.wa.gov**

Fax: (360) 596-3937

### Form Use:

This form is to be used for those seeking reimbursement for vehicle mileage or the daily rate while on a mobilization incident.

### Completing Form:

- Fill in the boxes with information requested.
- Use N/A for those not applicable.

Reimbursable	Command	Support	Personal	Command Post
Transportation to and from incident:	Yes	Yes	Yes	Yes
Use at incident:	Yes	Yes	No	No **
Daily rate if higher than daily mileage:	Yes	Yes	No	Yes
Fuel cost:	No	No	No	No
Ferry boat or bridge tolls:	No	No	No	No
Fuel Cost Adjustment applicable:	Yes	Yes	Yes	Yes
Vehicle towing a command post:	No	Yes	No	N/A

**\*\* A daily rate is paid once at the incident and only if the mileage for the day is less than the daily rate.**

**Command Vehicles:** The following positions are those to be reimbursed at the Command Vehicle rates: Incident Commander, Operations Section Chief, Division/Group Supervisor, Structural Protection Specialist, Strike Team/Task Force Leader, and Communication Technicians.

**Support Vehicles:** Vehicles used to deliver supplies. Example: A flatbed truck with driver, or a vehicle towing a Command Post.

**Personal Vehicle:** Vehicle used by IMT personnel or support personnel for transportation to and from the incident only.

**Command Post:** Travel / transportation to and from an incident. If towed by another vehicle, towing vehicle gets mileage to/from only. Reimbursement for towing vehicle usage at incident needs prior approval.

Step 1: Complete the header portion.

Step 2: Complete the daily information section.

Date	Type of Vehicle	Miles	Mileage Rate	Sub-Total	Daily Rate	Mileage or Daily Rate	Total (Mileage or Daily Rate)
7/1/08	Command	120	\$ 1.05	\$126.00	\$ 0	Mileage	\$126.00
7/2/08	Command	5	\$ 1.05	\$ 5.25	\$50.00	Daily	\$50.00
7/3/08	Command	120	\$ 1.05	\$126.00	\$ 0	Mileage	\$126.00
<b>Total</b>		240	\$ 1.05	\$252.00	\$50.00		\$302.00

**Note: If unsure what the Fuel Cost Adjustment Rate is, submit the form with the Base Rate. If the Base Rate is not correct due to the cost of fuel, we will make the adjustment with the correct adjusted rate.**

**Vehicle payment will be calculated for each day, and will be paid for either the daily rate or mileage, whichever is higher.**

Return the completed form within 45 days of the event.

**EMERGENCY MOBILIZATION SECTION**  
**PO BOX 42600**  
**OLYMPIA WA 98504**

Or E-mail to [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)  
or fax to (360) 596-3937

**Fire Mobilization**  
**Loss or Damaged Equipment**  
**2009 Version- Mobilization Plan** (Updated June 2012)

Agency / Person Seeking Reimbursement			
Name:			Event:
Address:			Resource Order #:
City:			Zip:
State:			Federal Tax ID #:
Phone #:			Completed By:

Type of Incident			
<input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Equipment Damage	<input type="checkbox"/> Loss of Equipment	
Date of Incident:		Time:	(Military, i.e., 1600)
Location:			
City:		State:	
Reported to Law Enforcement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report / Case #:	
Law Enforcement Agency:		Officer:	

Description of Property Loss / Damage
** See instructions to assist in completing this section **

Property Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Claim Filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurer:		Claim #:	

Statements / Witnesses			
Name:			Home Phone:
Address:			Work Phone:
City:	State:		ZIP:
Name:			Home Phone:
Address:			Work Phone:
City:	State:		ZIP:

Investigation - Attach a copy of the investigation or use space provided on the back.	
Investigated by:	
Agency:	
Contact Number:	
Was the loss/damage caused by a dynamic of the Mobilization Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined	

***** No Investigation = No Reimbursement *****			Documentation Purposes Only
Immediate Supervisor	Print Name:		Phone #:
	Signature:		Date:
IC	Print Name:		Phone #:
	Signature:		Date:
Safety Officer	Print Name:		Phone #:
	Signature:		Date:

### Form Use:

This form is used to record loss or damage of equipment/property at a Mobilization incident. It is not a claim form for compensation.

## Report Incidents Immediately

## Completing Form:

- Complete the form on behalf of an individual or Agency.
- Describe the lost or damaged item in detail.
- Attach a statement describing in detail what happened and be sure to sign and date it.
- Most importantly – have the loss/damage investigated

Step 1: Complete the header information.

## Step 2: Complete damage and description section.

Step 3: Ensure the damage or loss is reported immediately. It will need to be investigated.

**THERE WILL BE NO REIMBURSEMENT WITHOUT AN INVESTIGATION**

### Review Section:

This section requires at minimum, the Immediate Supervisor's and or the Division Group Supervisor's signatures. The report can be done on a Unit Log or in the space below.

A copy of this form needs to be left at the incident.

# Investigation Report

[illegible]

COMPLETE AND RETURN FORM WITHIN 45 DAYS FROM THE DATE OF DEMOBILIZATION.

Emergency Mobilization Section  
PO BOX 42600  
OLYMPIA WA 98504  
Fax: (360) 596-3937 or e-mail: [FPBMobe@wsp.wa.gov](mailto:FPBMobe@wsp.wa.gov)

**Fire Jurisdiction**  
**Resource Inventory Form - Page 1**  
**2009 Version - Mobilization Plan**

<b>Region:</b>		<b>Last Updated:</b>	
<b>Administrative Information</b>			
<b>Department Name:</b>		<b>E-Mail:</b>	
<b>Street Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Business Phone:</b>		<b>Fax:</b>	
<b>Dispatch Phone:</b>		<b>Fax:</b>	
<b>Chief Name:</b>		<b>Alternate:</b>	
<b>Do You Have State-Wide Fire Mutual Aid Channel?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Personnel Resources**

Personnel must be qualified for the position they are expected to fill

Title	Total
Chief Officers:	
Company Officers:	
Apparatus Operators:	
Firefighters:	
First Responders:	
EMTs:	
Paramedics:	
HazMat Operations:	
HazMat Technicians:	

Self-Contained Breathing Apparatus:
Manufacturer
HP
LP
Spare Bottles

Powered Hydraulic Rescue Tools:	
Manufacturer	Number

Special Equipment/Skills:

**Form Use:**

This form is to be used by all fire jurisdictions within each Region yearly. The purpose of this form is to record all the total resources available in each jurisdiction that is then rolled up to the Region level.

**Completing Form:**

- Fill in the boxes with information requested.

Step 1: Complete the header portion

Step 2: Complete the personnel section

**Personnel must be qualified for the position they are expected to fill**

<b>Title</b>	<b>Total</b>
<b>Chief Officers:</b>	<b>1</b>
<b>Company Officers:</b>	<b>3</b>
<b>Apparatus Operators:</b>	<b>6</b>
<b>Firefighters:</b>	<b>25</b>
<b>First Responders:</b>	<b>20</b>
<b>EMTs:</b>	<b>5</b>
<b>Paramedics:</b>	<b>2</b>
<b>HazMat Operations:</b>	<b>0</b>
<b>HazMat Technicians:</b>	<b>0</b>

Step 3: Complete the SCBA and Power Tools section

Step 4: Other specialty equipment (that which wouldn't be listed on Page 2 of the Resource Inventory

Return the completed form no later than May 31,  
of each year to your Regional Coordinator

Resources							
See below for minimum standards for resource type	Types						
	1	2	3	4	5	6	7
Engines							
Non-Tactical Water Tender							
Tactical Water Tenders							
Aerial Ladders							
Aerial Platforms							

Resource	Number	Other: List size, capabilities, etc...
ALS Units (Transport)		
ALS Units (Non-Transport)		
BLS Unit (Transport)		
BLS Unit (Non-Transport)		
Mobile SCBA Recharge		
Mobile Lighting Support		
Mobile Fire Mechanic		
All Terrain Vehicle		
Bulldozer		
Tractor with Lowboy		
Tractor with Tilt Trailer		
Tractor/Jeep with Plow		
Fuel Tender		
Mobile Command Post		
Communications Vehicle		
Communications Unit		
Plans Trailer/Unit		
Logistics Trailer/Unit		
Finance Trailer/Unit		
Supply Cache Trailer		
Satellite Trailer/Unit		
Water Rescue		
Confined Space Rescue		
High Angle Rescue		
Urban Search & Rescue		
Fire Investigator		
Fire Inspector		
Dispatcher		
Communications Technician		
Crash Vehicle (Aircraft)		

**After completing the inventory, e-mail it to your Regional Coordinator.**  
**Add additional pages if necessary**



**Form Use:**

This form is to be used by all fire jurisdictions within each Region yearly. The purpose of this form is to record all the total resources available in each jurisdiction that is then rolled up to the Region level.

**Completing Form:**

- Fill in the boxes with information requested.

Step 1: Complete the header portion

Step 2: Complete the equipment portion (refer to the Mobilization Plan for Typing requirements)

See below for minimum standards for resource type	Types						
	1	2	3	4	5	6	7
Engines	5	3	6	0	0	2	0
Non-Tactical Water Tender	0	0	1				
Tactical Water Tenders	0	0					
Aerial Ladders	1	0	0				
Aerial Platforms	0	0	0				

Step 3: Complete the SCBA and Power Tools section

Resource	Number	Other: List size, capabilities, etc...
ALS Units (Transport)	2	
ALS Units (Non-Transport)	2	
BLS Unit (Transport)	1	
BLS Unit (Non-Transport)	1	
Mobile SCBA Recharge	1	
Mobile Lighting Support	0	
Mobile Fire Mechanic	0	
All Terrain Vehicle	1	Suzuki Quad
Bulldozer	0	

Return the completed form each January to your Regional Coordinator

Region: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

If a Region has more than one Type 3 IMT available, submit a separate roster for each team. Use more than one page if needed. Single Resources, not part of an Incident Management Team will need to submit this application for consideration as an alternate (fill in member) or trainee.

**Directions:** Complete the member's name, agency, positions and highest level of certification. Use the back for position and levels of certification.

[illegible]

This Type 3 Incident Management Team Roster is submitted with the following expectations:

- That each agency and local governing board supporting an incident management team member is responsible for ensuring that applicants are fully qualified to be considered for the position or positions for which he or she has applied.
- The Home jurisdiction is ultimately responsible for review of training, certification and credentialing of its participating employees.
- The minimum team configuration for accepting an assignment is 16 positions. See Section 11 of the 2011 Fire Mobilization Plan.
- For wildland fire and hazardous materials incidents, additional requirements apply (refer to Section 11 of the Washington State Fire Services Resource Mobilization Plan).

Positions <b>** Positions in bold are required positions **</b>		Regions	Level of Certification
<b>Incident Commander</b>	<b>Logistics Section Chief</b>	Northeast	Type 1 - National
<b>Liaison Officer</b>	Communications Unit Leader	Northwest	Type 2 - State / Regional
<b>Safety Officer</b>	Communications Technician	Southeast	Type 3 - Red Card
<b>Incident Information Officer</b>	Medical Unit Leader	Southwest	Type 3 - All Hazard
Human Resource Specialist	Food Unit Leader	South Puget Sound	Type 1 - Trainee
<b>Operations Section Chief</b>	Supply Unit Leader	Mid-Columbia	Type 2 - Trainee
Air Operations Director	Base Camp Manager	Lower Columbia	Type 3 - Trainee
Air Tactical Group Supervisor	Equipment Manager	Central	Type 3 - AH Trainee
Air Support Group Supervisor	Dispatcher, Radio Operator	Olympic	
Division / Group Supervisor	Ordering Manager		
Task Force Leader	Security Specialist - Manager		
Strike Team Leader	Staging Area Manager		
Field Observer	Structure Protection Specialist		
Single Resource Boss	Incident Business Advisor		
<b>Planning Section Chief</b>	Region Mobilization Coordinator		
Situation Unit Leader	Fire Investigator		
Resource Unit Leader	Prevention Specialist		
Status Check-In Recorder			
Fire Behavior Analyst			
Situation Unit Leader			
GIS Specialist			
Computer Technical Specialist			
Training Specialist			
Documentation Unit Leader			
<b>Finance Section Chief</b>			
Time Unit Leader			
Procurement Unit Leader			
Time Recorder - Personnel/Equipment			

**Washington State Fire Mobilization  
Type 3 IMT Mission Acceptance  
2009 Version - Mobilization Plan** (Updated June 2012)

<b>Incident Type:</b>	
<b>Incident Name:</b>	
<b>Mobilization Number:</b>	
<b>Report Location:</b>	
<b>Ordered Time/Date:</b>	
<b>Report Time / Date:</b>	

**Directions:** Complete the member's name, agency, positions and highest level of certification.

<b>Required Positions</b>		
<b>Resource Order #</b>	<b>Position</b>	<b>Filled by:</b>
<b>3001</b>	<b>Incident Commander</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3002</b>	<b>Safety Officer</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3003</b>	<b>Public Information Officer</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3004</b>	<b>Liaison Officer</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3005</b>	<b>Operations Section Chief</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3006</b>	<b>Planning Section Chief</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3007</b>	<b>Logistics Section Chief</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>
<b>3008</b>	<b>Finance Section Chief</b>	<b>Name:</b>
		<b>Agency:</b>
		<b>Level Certified:</b>

**\*\*If any of the required positions cannot be filled - the team cannot accept the request to provide the resource.**

**Line positions need to have the "New Generation" fire shelter. If they do not have it, they will be demobed without reimbursement for the personnel and equipment.**

By accepting the resource request in providing an Incident Management Team, you are coming qualified as ordered. Your home agency / local governing board is responsible for maintaining qualifications, training and experience records.

**Email Completed form to:**

**Washington State Fire Mobilization  
Type 3 IMT Mission Acceptance  
2009 Version - Mobilization Plan (Updated June 2012)**

<b>Additional Positions</b>		
<b>Resource Order #</b>	<b>Position</b>	<b>Filled by:</b>
<b>3009</b>	<b>DIVS</b> (Carded SRB or higher)	Name:
		Agency:
		Level Certified:
<b>3010</b>	<b>DIVS</b> (Carded SRB; Prefer STL or TFL)	Name:
		Agency:
		Level Certified:
<b>3011</b>	<b>RESL/SITL</b>	Name:
		Agency:
		Level Certified:
<b>3012</b>	<b>GSUL/FACL</b>	Name:
		Agency:
		Level Certified:
<b>3013</b>	<b>TIME</b>	Name:
		Agency:
		Level Certified:
<b>3014</b>	<b>COML</b>	Name:
		Agency:
		Level Certified:
<b>3015</b>	<b>COMT</b>	Name:
		Agency:
		Level Certified:
<b>3016</b>	<b>RADO</b>	Name:
		Agency:
		Level Certified:
<b>3017</b>	<b>RADO</b>	Name:
		Agency:
		Level Certified:
<b>3018</b>	<b>RUNNER</b>	Name:
		Agency:
		Level Certified:
<b>3019</b>	<b>GIS</b>	Name:
		Agency:
		Level Certified:

**Line positions need to have the "New Generation" fire shelter. If they do not have it, they will be demobed without reimbursement for the personnel and equipment.**

By accepting the resource request in providing an Incident Management Team, you are coming qualified as ordered. Your home agency / local governing board is responsible for maintaining qualifications, training and experience records.

**Email Completed form to:**

**Washington State Fire Mobilization  
Type 3 IMT Mission Acceptance  
2009 Version - Mobilization Plan (Updated June 2012)**

Additional Positions			
3020		Name:	
		Agency:	
		Level Certified:	
3021		Name:	
		Agency:	
		Level Certified:	
3022		Name:	
		Agency:	
		Level Certified:	
3023		Name:	
		Agency:	
		Level Certified:	
3024		Name:	
		Agency:	
		Level Certified:	
3025		Name:	
		Agency:	
		Level Certified:	
3026	Mobile Command Post	Agency:	
3027	Communications Unit	Agency:	
3028	Supply Cache	Agency:	
3029	Other:	Agency:	

**Line positions need to have the "New Generation" fire shelter. If they do not have it, they will be demobed without reimbursement for the personnel and equipment.**

By accepting the resource request in providing an Incident Management Team, you are coming qualified as ordered. Your home agency / local governing board is responsible for maintaining qualifications, training and experience records.

**Email Completed form to:**



**FIRE PROTECTION BUREAU  
PROFESSIONAL DEVELOPMENT AND RESPONSE SECTION  
PO Box 42600  
Olympia WA 98504-2600  
(360) 596-3945 FAX: (360) 596-3937**



**Mobilization Plan  
Waiver of Polygraph/Background Check**

<hr/> <b>Mobilization Incident Name</b>	<hr/> <b>Resource Order Number</b>
<hr/> <b>Printed Name</b>	<hr/> <b>Date of Birth</b>
<hr/> <b>Address</b>	<hr/> <b>City</b> <b>ZIP Code</b>
<hr/> <b>Home Fire Jurisdiction Name</b>	

As a law enforcement agency, many aspects of the Washington State Patrol (WSP) are confidential. Therefore, successful completion of a polygraph examination and background investigation on all employees is required for permanent employment.

Personnel who are not reimbursed by their home jurisdiction, but who will be reimbursed by the WSP under the State's Fire Mobilization Plan, will not be required to take the polygraph examination or background check. However, in order to be considered for future opportunities with the WSP in any capacity, you will be required to take and pass the polygraph examination and background check prior to employment with the WSP. Otherwise, your employment with the WSP will be limited to the Fire Protection Bureau working as an "emergency temporary firefighter" under the State's Mobilization Plan.

**WAIVER:**

I hereby waive the background check and polygraph examination required for employment with the Washington State Patrol. I agree to voluntarily take a polygraph examination and submit to a background check before I will be considered for any position with the Washington State Patrol other than as an "emergency temporary firefighter" under the State's Fire Mobilization Plan.

Further, my signature also indicates I have been provided a copy of the Code of Conduct, Sexual Harassment and Discrimination, Agency Rules, and Alcohol and Drug Free Workplace policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

☐ **Check here if you are currently employed by the state of Washington.**

**NOTE:** If you are a contracted resource hired with a vehicle or equipment, you do not need to complete this form or the W-4. You will be required to complete a W-9 (Request for Taxpayer Identification Number and Certification Form).

**To receive payment:**

You must complete the WSP Waiver and W-4 (IRS Tax Withholding) for each mobilization incident. These documents must be submitted with your Emergency Firefighter Time Record and Crew Time Reports to the Finance Section. Claims submitted without the WSP Waiver or W-4 cannot be processed for payment.

To receive the increased pay beyond a FF2, you must show certification (red card) for the higher level position. Trainee positions below Strike Team Leader will be paid at the highest level carded.

If you have not received a check within 45 days from date of demobilization or have a question regarding your pay, contact the Professional Development and Response Section. The preferred method is e-mail—provide your name, contact number, and your message to include the incident name and resource order number. We will contact you as soon as possible.

E-mail: [FPBMobilizationSec@wsp.wa.gov](mailto:FPBMobilizationSec@wsp.wa.gov)  
Phone: (360) 596-3945



**FIRE PROTECTION BUREAU  
PROFESSIONAL DEVELOPMENT AND RESPONSE SECTION  
PO Box 42600  
Olympia WA 98504-2600  
(360) 596-3945 FAX: (360) 596-3937**



## **Code of Conduct**

Resources mobilized to an incident shall promote and maintain a harmonious and productive work place environment. Core to the State Fire Marshal's values is the necessity that all employees deserve to be treated with the utmost respect and dignity. All resources shall strive to ensure that these basic ideals are promoted and maintained. Ultimately, this is the standard by which the State Fire Marshal will:

- Measure how employees interact with those they serve.
- Establish the expectation of how individuals will be treated and how individuals will treat others.

The State Fire Marshal will make available only those resources that align themselves with the following code of conduct.

The Code of Conduct entails the following qualities:

- Lead by example
- Be proficient in your craft
- Promote a positive environment
- Deal with issues directly
- Empower others to solve problems
- Treat others as equals and with respect
- Expect the best
- Share your knowledge

## **Sexual Harassment and Discrimination**

All personnel participating in a mobilized incident will abide by all federal and state laws prohibiting any form of discrimination or harassment. All forms of discrimination and harassment under state and federal laws are prohibited. The policies and work rules of your home agency govern your conduct. The Incident Commander will ensure all incidents of discrimination or harassment reported by personnel at the incident are preliminarily investigated.

The decision whether to demobilize personnel will reside with the Incident Commander in consultation with the State Fire Marshal's Office. The Incident Management Team is responsible for:

- Gathering initial statements; and
- Contact information from witnesses; and
- Notifying the employee's home agency of the complaint.

If the preliminary investigation reveals any potential violations of federal or state laws prohibiting discrimination or harassment, it is expected that a formal investigation will be done by the accused personnel's home agency according to the home agency rules and policies. The home agency will be responsible to investigate the incident, record the findings, and impose discipline, if appropriate.





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At the conclusion of the formal investigation, the home agency shall notify the State Fire Marshal's Office of the outcome. If the accused person is found to have engaged in misconduct as a result of the formal investigation, the home agency will also advise the status of the person's future participation in Mobilization.

If the home agency fails to notify the State Fire Marshal's Office of the outcome of the formal investigation, the agency may not be called to participate in future State Mobilizations.

### **Agency Rules/Policies**

Mobilized resources are required to follow their home agency's policies and work rules. Allegations of misconduct will be referred to the person's home agency. The home agency will be responsible for:

- Conducting an investigation into the allegation(s) to determine if there is a violation of home agency policy and/or procedure.
- Administering any corrective or disciplinary action for violation(s) of home agency policy and/or procedure.

### **Drug- and Alcohol-Free Workplace**

The unlawful manufacture, distribution, dispensing, possession, or use of controlled substances (including alcoholic beverages) in the workplace or assigned workplace is prohibited. In compliance with the Federal Drug-Free Workplace Act of 1988, all employees and/or contractors are required to abide by this prohibition.

In addition to criminal prosecution, employees violating this prohibition will be subject to dismissal under the terms of the Fire Mobilization Plan and Fire Mobilization Temporary Employment Certification.

It is the Washington State Patrol's policy to maintain a drug- and alcohol-free workplace. Drug abuse is a health hazard to the user and clearly undermines the workplace and causes unsafe work practices that are a danger to the abuser, to co-workers, and to the citizens of Washington State whose safety is one of our primary responsibilities.

Employees who may have a problem with drug abuse or chemical dependency are encouraged to seek assistance for rehabilitation.

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## **Model Agreements For Temporary Employment Of State Fire Mobilization Employees Form**

**2009 Version - Mobilization Plan**

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### **TEMPORARY EMPLOYMENT AGREEMENT**

#### **Intent of Agreement**

It is the intent of this Agreement that a temporary employment relationship between the Employer and the Employee named herein below be established and documented for the sole and exclusive purpose of having that relationship exist only in instances when the Employer tasks the Employee to respond to a Washington State fire resource mobilization in accordance with the provisions of the Washington State Fire Services Resource Mobilization Plan.

**Whereas**, major emergency incidents may result in the state mobilization of fire resources as provided by the Washington State Fire Services Resource Mobilization Plan; and

**Whereas**, the Employer has committed to provide fire resources to state mobilization efforts; and

**Whereas**, the Employee is a qualified firefighter who may be available for assignment by Employer to a state fire resource mobilization;

**Therefore**, it is hereby agreed by and between \_\_\_\_\_ (Employer) and  
\_\_\_\_\_ (Employee) as follows:

#### **Temporary Employment**

Employee agrees to be employed by the Employer as a temporary firefighter, if and as available, to respond and act as such when called upon by the Employer for the sole purpose of responding to authorized Washington State fire resource mobilization events in accordance with the terms and conditions of the Washington State Fire Services Resource Mobilization Plan.

#### **Term of Temporary Employment**

Such employment shall only be effective for the period of time that fire resources are committed to a fire resource mobilization by the Employer. Each fire resource mobilization shall constitute a separate event and a potential separate period of temporary employment.

#### **Wages**

Employee shall be paid by the Employer the prescribed hourly wage rate for the position worked at the state fire mobilization incident as set forth by the Employer or in the current Washington – Oregon Interagency Rate Schedule as amended and adopted by the Washington State Association of Fire Chiefs.

#### **Benefits**

Employee shall receive no Employer-provided benefits other than Employer-provided insurance as required by law.

Employee shall be reimbursed for work-related direct expenses as allowed by the Employer and reimbursable to the Employer by provision of the Washington State Fire Services Resource Mobilization Plan.

**Model Agreements For Temporary Employment  
Of State Fire Mobilization Employees Form**

**2009 Version - Mobilization Plan**

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**LETTER OF UNDERSTANDING**

**BETWEEN**

**IAFF LOCAL \_\_\_\_\_**

**AND**

**FOR TEMPORARY STATE FIRE MOBILIZATION EMPLOYEES**

The parties to this Letter of Understanding are **IAFF LOCAL \_\_\_\_\_** ("Union") and

\_\_\_\_\_  
("Employer").

In accordance with the provisions of Chapter 41.56 RCW, and the current Collective Bargaining Agreement between the parties:

- The District recognizes the Union as the exclusive bargaining representative for the uniformed personnel of the District.
- This Letter of Understanding sets forth the terms and conditions of agreement that differ from or amend those of the current Collective Bargaining Agreement.

**Whereas**, major emergency incidents may result in the mobilization of fire resources as provided by the Washington State Fire Services Resource Mobilization Plan; and

**Whereas**, the Employer has committed to provide fire resources to state mobilization efforts; and

**Whereas**, the Employer wishes to engage qualified temporary employees for assignment to state fire mobilization incidents; therefore

**It is Hereby Agreed:**

**Temporary Firefighter Employees for State Fire Mobilization Incidents**

Employer may engage temporary employees as firefighters tasked to major incidents declared in accordance with the provisions of the Washington State Fire Services Resources Mobilization Plan. Such employment shall only be effective for the period of time that fire resources are committed to a state fire resource mobilization incident by the Employer. Each state fire resource mobilization shall constitute a separate event and a potential separate period of temporary employment.

**Status of Temporary Firefighter Employees**

Temporary employees engaged as firefighters tasked to a state fire resource mobilization shall not be either members of or represented by the Union during any term of such temporary employment. No provisions of the current Collective Bargaining Agreement between Employer and Union shall apply to such temporary employees, who shall pay no union dues and have no rights or privileges under said Collective Bargaining Agreement.

\_\_\_\_\_  
Union Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**Model Agreements For Temporary Employment  
Of State Fire Mobilization Employees Form**

**2009 Version - Mobilization Plan**

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**Employment Status**

The Employee acknowledges that employment under this Agreement is temporary only, for the sole purpose of providing adequate resources to the Employer for participation in state fire resource mobilization. The Employee has and asserts no right to permanent employment with The Employer, or bargaining unit member status or rights with any bargaining unit that has a labor agreement with Employer.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

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**Compensation of Full-Time FLSA-Exempt Personnel  
For State Fire Mobilization Assignments  
Form  
2009 Version - Mobilization Plan**

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**R E S O L U T I O N**

**Compensation for Special Non-District Emergency Assignments**

**WHEREAS**, the fire services within the State of Washington are the primary emergency response to all kinds of emergency and disaster situations; and

**WHEREAS**, provisions have been or may be made at the local, regional, and state levels for fire services response commensurate with the demands of the situation; and

**WHEREAS**, fire resources from non-host jurisdictions may be called through mutual aid and other agreements, and may be further supplemented by additional fire resources mobilized by the State of Washington pursuant to the State Fire Services Mobilization Act, Chapter 38.54 RCW; and

**WHEREAS**, the personnel and equipment of \_\_\_\_\_ County Fire Protection District \_\_\_\_\_ may be called to respond to emergency or disaster situations outside of the District by special agreement or by a mobilization request by the State of Washington, including personnel exempt from state and federal overtime compensation laws; therefore be it

**RESOLVED** by the Board of Commissioners of \_\_\_\_\_ County Fire Protection District \_\_\_\_\_ as follows:

1. The response of exempt personnel of the District to major emergency incidents outside of the jurisdictional boundaries of the District is recognized and deemed to be in the best interest of the District, the region, and the state.
2. Compensation should be paid to exempt personnel who respond to major emergency incident situations commensurate with the time, duties, and responsibilities of the work undertaken in such circumstances.
3. The Board of Commissioners of the District may authorize and grant, in its sole discretion, a special duty bonus to any exempt employee of the District as compensation for special emergency assignments not performed on behalf of the District.
4. The form and amount of special duty bonus shall be at the sole discretion of the Board of Commissioners.
5. Reimbursement of any special duty bonus granted in accordance with this Resolution shall be sought from or through the State of Washington when there are provisions for such reimbursement by either agreement or law.
6. This Resolution and all provisions hereof shall and are hereby declared to be effective \_\_\_\_\_.

**RESOLUTION** adopted in regular meeting this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Compensation of Full-Time FLSA-Exempt Personnel  
For State Fire Mobilization Assignments  
Form  
2009 Version - Mobilization Plan**

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**FIRE DISTRICT POLICY**

**Compensation for Special Non-District Emergency Assignments**

The response of exempt personnel of the District to major emergency incidents outside of the jurisdictional boundaries of the District is recognized and deemed to be in the best interest of the District, the region, and the state.

Full time employees of the District responding to and participating in state fire resource mobilization shall remain employees of the District, and shall be compensated as prescribed by the current Salary and Benefit Program for Full Time Staff Personnel or the current agreement between the District and IAFF Local \_\_\_\_\_ as applicable.

Reimbursement of special assignment compensation expense shall be sought from or through the State of Washington when there are provisions for such reimbursement by either agreement or law.

**FIRE DISTRICT STAFF SALARY AND BENEFIT PROGRAM**

**Special Compensation for State Fire Mobilization Service**

The Board of Commissioners of the District has declared that participation in state fire mobilization pursuant to the *Washington State Fire Services Resource Mobilization Plan* is in the best interest of the District.

**Exempt district personnel** responding to and participating in state fire mobilization shall remain employees of the District at all times. They may be granted special extra hourly compensation for all extra hours as follows:

Fire Chief	\$ _____
Assistant Chief	\$ _____
Deputy Chief	\$ _____
Division Chief	\$ _____

This special compensation provision is made in recognition of the special requirements and duties of their state fire mobilization assignments, and is subject to the review and approval of the Board of Commissioners.

**Non-exempt District personnel** responding to and participating in state fire mobilization shall remain employees of the District at all times, and shall be paid their usual regular or overtime rates for all hours pursuant to normal and usual compensation procedures.



**Region Resource Availability**  
**Form**  
**2009 Version - Mobilization Plan**

<b>Fire Defense Region:</b>			
<b>Regional Coordinator:</b>			
<b>NW Preparedness Level:</b>		<b>Date:</b>	

<b>Personnel</b>			
<b>Position</b>	<b>Trainee?</b>	<b>Name</b>	<b>Level</b>
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3
	<input type="checkbox"/> Yes		<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3

<b>Equipment</b>							
<b>Type</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>Engines</b>							
<b>Support Tender</b>							
<b>Tactical Tender</b>							
<b>Ladder</b>							

**\*\* Show the number of Single Resources available only \*\***

<b>Ambulances</b>		
<b>Type</b>	<b>Transport</b>	<b>Non-Transport</b>
<b>ALS Unit</b>		
<b>BLS Unit</b>		

  

<b>Additional Medical Personnel</b>			
	<b>Paramedic</b>	<b>EMT-I</b>	<b>EMT-B</b>
<b>Number</b>			

**\*\* Show the number of Single Resources available only \*\***

<b>Ability to Form ST:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Needs to Form ST:</b>	

  

<b>Ability to Form TF:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Needs to Form TF:</b>	

**\*\* Have Form Ready When Conference Calls For Resources Are Held \*\***

**Form Use:**

This form is used by the Regional Coordinator to track the resources that are available within the Region.

This form should be completed prior to any conference calls that are held during an active Mobilization incident.

**Completing Form:**

- Fill in the boxes with information requested.

Step 1: Complete the header portion of the form.

Step 2: Complete the Personnel and Equipment Sections showing the single resource availability.

Personnel						
Position	Trainee?	Name	Level			
STL	<input checked="" type="checkbox"/> Yes	Bob White - Thurston # 25	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Type 3	
PSC	<input type="checkbox"/> Yes	Steve Smith - Thurston # 26	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input checked="" type="checkbox"/> Type 3	
DIVS	<input type="checkbox"/> Yes	Arlo Green - Thurston # 27	<input type="checkbox"/> Type 1	<input checked="" type="checkbox"/> Type 2	<input type="checkbox"/> Type 3	

  

Equipment							
Type	1	2	3	4	5	6	7
Engines	0	0	0	1	0	3	0
Support Tender	0	1	0				
Tactical Tender	0	1					
Ladder	0	0					

**\*\* Show the number of Single Resources available only \*\***

Step 3: Complete the portion showing if the Region resources can form a Task Force or Strike Team and any additional resources may be needed to form either.

<b>Ability to Form ST:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Additional Needs to Form ST:</b>	Can form a 4 Engine with Tender Strike Team - Need a qualified STL.
<b>Ability to Form TF:</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Additional Needs to Form TF:</b>	Need a Task Force Leader.

**\*\* Have Form Ready When Conference Calls For Resources Are Held \*\***

**Mobilization Section  
Po Box 42600  
Olympia WA 98504**

Fax: (360) 596-3937 or e-mail: FPBMobe@wsp.wa.gov